

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Freedom Fund

ADDRESS (number and street)

1201 Pennsylvania Avenue

Suite 800

Washington

DC

20004

Check if different  
than previously  
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390674

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Kolbet, Lance, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Kolbet, Lance, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Freedom Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2020

To:

M M	/	D D	/	Y Y Y Y Y
01		31		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table>	Y	Y	Y	Y	Y	2020						<table><tr><td colspan="5">795294.89</td></tr></table>	795294.89				
Y	Y	Y	Y	Y													
2020																	
795294.89																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">795294.89</td></tr></table>	795294.89															
795294.89																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">476.02</td></tr></table>	476.02					<table><tr><td colspan="5">476.02</td></tr></table>	476.02									
476.02																	
476.02																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">795770.91</td></tr></table>	795770.91					<table><tr><td colspan="5">795770.91</td></tr></table>	795770.91									
795770.91																	
795770.91																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">52201.88</td></tr></table>	52201.88					<table><tr><td colspan="5">52201.88</td></tr></table>	52201.88									
52201.88																	
52201.88																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">743569.03</td></tr></table>	743569.03					<table><tr><td colspan="5">743569.03</td></tr></table>	743569.03									
743569.03																	
743569.03																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.0</td></tr></table>	0.0															
0.0																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.0</td></tr></table>	0.0															
0.0																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Freedom Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2020

To:

M M	/	D D	/	Y Y Y Y
01	/	31	/	2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.0	0.0
(ii) Unitemized .....	0.0	0.0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.0	0.0
(b) Political Party Committees .....	0.0	0.0
(c) Other Political Committees (such as PACs).....	0.0	0.0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.0	0.0
12. Transfers From Affiliated/Other Party Committees.....	0.0	0.0
13. All Loans Received .....	0.0	0.0
14. Loan Repayments Received.....	0.0	0.0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.0	0.0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.0	0.0
17. Other Federal Receipts (Dividends, Interest, etc.).....	476.02	476.02
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	476.02	476.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	476.02	476.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	36434.44	36434.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	52201.88	52201.88
22. Transfers to Affiliated/Other Party Committees.....	0.0	0.0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.0	0.0
24. Independent Expenditures (use Schedule E) .....	0.0	0.0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.0	0.0
26. Loan Repayments Made.....	0.0	0.0
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.0	0.0
(b) Political Party Committees .....	0.0	0.0
(c) Other Political Committees (such as PACs).....	0.0	0.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.0	0.0
29. Other Disbursements (Including Non-Federal Donations).....	0.0	0.0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52201.88	52201.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52201.88	52201.88

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.0	0.0
34. Total Contribution Refunds (from Line 28(d)) .....	0.0	0.0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.0	0.0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	36434.44	36434.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.0	0.0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	36434.44	36434.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City  
McLean

State  
VA

Zip Code  
22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2020

**Transaction ID : 1582154622409**

Amount of Each Receipt this Period

476.02

☐ Memo Item  
Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

476.02

476.02

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Freedom Fund

Full Name (Last, First, Middle Initial)

A. Crapo, Mike, , ,

Mailing Address Senate Dirksen 239

City  
WashingtonState  
DCZip Code  
20515Purpose of Disbursement  
PAC Travel Expense Reimbursement

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15798830383

Amount of Each Disbursement this Period

423.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Crapo, Mike, , ,

Mailing Address Senate Dirksen 239

City  
WashingtonState  
DCZip Code  
20515Purpose of Disbursement  
PAC Travel Expense Reimbursement

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15801438211

Amount of Each Disbursement this Period

81.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. First Bankcard

Mailing Address P.O. Box 2818

City  
OmahaState  
NEZip Code  
68103Purpose of Disbursement  
PAC Credit Card payment - see below

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15779850632

Amount of Each Disbursement this Period

4988.71

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5493.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Freedom Fund

Full Name (Last, First, Middle Initial)

**A. Color Service Printing & Graphics Inc.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	0

Mailing Address 2927 Gallows Rd

City  
Falls ChurchState  
VAZip Code  
22042Purpose of Disbursement  
PAC Envelopes

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 15779998325i

Amount of Each Disbursement this Period

238.5

☒ Memo Item See chk #2130 payable to First Bankcard \$4,988.71

Full Name (Last, First, Middle Initial)

**B. Dirksen South**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	0

Mailing Address Dirksen Senate Building

City  
WashingtonState  
DCZip Code  
20510Purpose of Disbursement  
PAC Food & Beverage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 15779892416i

Amount of Each Disbursement this Period

220.0

☒ Memo Item See chk #2130 payable to First Bankcard \$4,988.71

Full Name (Last, First, Middle Initial)

**C. First Bankcard**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	0

Mailing Address P.O. Box 2818

City  
OmahaState  
NEZip Code  
68103Purpose of Disbursement  
PAC Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 15780016228

Amount of Each Disbursement this Period

65.64

☒ Memo Item See chk #2130 payable to First Bankcard \$4,988.71

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Freedom Fund

Full Name (Last, First, Middle Initial)

**A. Hertz Rent-A-Car**

Mailing Address 604 Port Avenue

City  
AnchorageState  
AKZip Code  
99664Purpose of Disbursement  
PAC Car Rental

001

Category/  
Type

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15779856982

Amount of Each Disbursement this Period

330.35

☒ Memo Item See chk #2130 payable to First Bankcard \$4,988.71

Full Name (Last, First, Middle Initial)

**B. Kinder Haus Toys**

Mailing Address 1220 N. Filmore St.

City  
ArlingtonState  
VAZip Code  
22201-2220Purpose of Disbursement  
PAC Holiday Donation

001

Category/  
Type

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15780003990

Amount of Each Disbursement this Period

259.42

☒ Memo Item See chk #2130 payable to First Bankcard \$4,988.71

Full Name (Last, First, Middle Initial)

**C. OMG Latin Flavors LLC**

Mailing Address 838 S. Highland Street

City  
ArlingtonState  
VAZip Code  
22204Purpose of Disbursement  
PAC Food & Beverage

001

Category/  
Type

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15780014533

Amount of Each Disbursement this Period

3327.5

☒ Memo Item See chk #2130 payable to First Bankcard \$4,988.71

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Freedom Fund

Full Name (Last, First, Middle Initial)

**A. First Bankcard**

Mailing Address P.O. Box 2818

City  
OmahaState  
NEZip Code  
68103Purpose of Disbursement  
PAC Credit Card payment - see below

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15780019163

Amount of Each Disbursement this Period

1827.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address Hartsfield Jackson Atlanta Interna

City  
AtlantaState  
GAZip Code  
30320Purpose of Disbursement  
PAC Airline Tickets

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15780019843

Amount of Each Disbursement this Period

1827.21

See chk #2132 payable to First Bankcard \$1,827.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. First Bankcard**

Mailing Address P.O. Box 2818

City  
OmahaState  
NEZip Code  
68103Purpose of Disbursement  
PAC Credit Card payment - see below

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15780020780

Amount of Each Disbursement this Period

15.19

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1842.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Freedom Fund

Full Name (Last, First, Middle Initial)

**A. First Bankcard**

Mailing Address P.O. Box 2818

City  
OmahaState  
NEZip Code  
68103Purpose of Disbursement  
PAC Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15780021536i

Amount of Each Disbursement this Period

15.19

☒ Memo Item Bankcard \$15.19  
See chk #2133 payable to First

Full Name (Last, First, Middle Initial)

**B. Wheeler, Susan, , ,**Mailing Address 1200 North Garfield Street  
Apt. 1207City  
ArlingtonState  
VAZip Code  
22201-2220Purpose of Disbursement  
PAC Fundraising and Political services

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15779876672!

Amount of Each Disbursement this Period

28050.0

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wheeler, Susan, , ,**Mailing Address 1200 North Garfield Street  
Apt. 1207City  
ArlingtonState  
VAZip Code  
22201-2220Purpose of Disbursement  
PAC Expense Reimbursement

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15798254672

Amount of Each Disbursement this Period

262.65

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

28312.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Freedom Fund

Full Name (Last, First, Middle Initial)

**A. Taxi/Metro Expenses**

Mailing Address n/a

City  
WashingtonState  
DCZip Code  
20004Purpose of Disbursement  
PAC Taxi/Metro Expenses

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2020

FEC Identification Number

C

Transaction ID : 15807587751

Amount of Each Disbursement this Period

190.17

☒ Memo Item See chk #2142 payable to Susan Wheeler \$387.30

Full Name (Last, First, Middle Initial)

**B. Wheeler, Susan, , ,**Mailing Address 1200 North Garfield Street  
Apt. 1207City  
ArlingtonState  
VAZip Code  
22201-2220Purpose of Disbursement  
PAC Fundraising and Political services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2020

FEC Identification Number

C

Transaction ID : 15821535791

Amount of Each Disbursement this Period

745.0

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

745.00

36393.94